

Beginner Ballet Classes



Grades K-2nd

Join us as we learn the basics of ballet and make new friends. Ballet improves physical strength, flexibility, shyness and reduces fears associated with performing in front of audiences. Students need a leotard and ballet shoes.

Parent's will get the opportunity to enjoy a recital on the last class!

Come learn from a young instructor who has grown up taking ballet all of her life.

Avery Ardis, instructor, waits to share her knowledge with your child.

So, join her class today and you will experience a ton of fun!

When: Thursday's September 20th-November 15th, 2012
(8 weeks)

Time: 6:30pm-7:20pm

Where: Rocky Mount Elementary School Gym

Deadline to Register: Thursday, September 13, 2012

Cost: \$50.00 per student

To register: Fill out the back of this form and mail registration fee to:

Franklin County Parks & Recreation
2150 Sontag Road
Rocky Mount, VA 24151
540-483-9293 office 540-483-0040 fax
www.franklincountyva.org/parks

Please call Avery Ardis, instructor, 615-574-5936 for more information.



**Franklin County Parks and Recreation Registration and Liability
Waiver Form – 2012 Fall Beginner Ballet Classes**

Name _____

Age _____

Mailing Address _____

City _____

Zip _____

Email Address _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission for my child to be photographed and his/her artwork to be used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Parent / Guardian _____
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____